ALL ABOUT LIFE REHAB CENTER

115	Ε	ARNDT	ST
-----	---	-------	----

FOND DU LAC 54935 Phone: (920) 923-7040		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	125	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	125	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	111	Average Daily Census:	115

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	46.8
Supp. Home Care-Personal Care	No					1 - 4 Years	42.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.4	More Than 4 Years	10.8
Day Services	Yes	Mental Illness (Org./Psy)	6.3	65 - 74	12.6		
Respite Care	Yes	Mental Illness (Other)	0.9	75 - 84	32.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	8.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	15.3		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.8	65 & Over	85.6		
Transportation	No	Cerebrovascular	9.0			RNs	7.0
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	13.7
Other Services	No	Respiratory	9.0			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	46.8	Male	29.7	Aides, & Orderlies	44.8
Mentally Ill	No			Female	70.3		
Provide Day Programming for	ĺ		100.0				
Developmentally Disabled	No				100.0	İ	

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2]	Family Care		Ì	Managed Care	Į		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.4	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	13	100.0	302	65	92.9	119	0	0.0	0	19	100.0	156	7	87.5	119	1	100.0	325	105	94.6
Intermediate				4	5.7	100	0	0.0	0	0	0.0	0	1	12.5	100	0	0.0	0	5	4.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		70	100.0		0	0.0		19	100.0		8	100.0		1	100.0		111	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	13.1	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	21.6		61.3	17.1	111
Other Nursing Homes	0.8	Dressing	25.2		57.7	17.1	111
Acute Care Hospitals	84.9	Transferring	33.3		50.5	16.2	111
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.5		45.9	22.5	111
Rehabilitation Hospitals	0.0	Eating	75.7		11.7	12.6	111
Other Locations	1.2	******	******	*****	******	*******	******
Total Number of Admissions	259	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.3	Receiving Resp	iratory Care	4.5
Private Home/No Home Health	46.4	Occ/Freq. Incontiner		41.4	Receiving Trac	heostomy Care	1.8
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	37.8	Receiving Suct	ioning	0.9
Other Nursing Homes	10.1	į			Receiving Osto	my Care	2.7
Acute Care Hospitals	11.6	Mobility			Receiving Tube	Feeding	0.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	3.6
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	8.6	Skin Care			Other Resident C	haracteristics	
Deaths	23.2	With Pressure Sores		1.8	Have Advance D	irectives	76.6
Total Number of Discharges		With Rashes		1.8	Medications		
(Including Deaths)	267	İ			Receiving Psyc	hoactive Drugs	50.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*******	*****	******	******	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.3	84.2	1.06	86.9	1.03	87.7	1.02	88.8	1.01
Current Residents from In-County	77.5	76.9	1.01	80.4	0.96	70.1	1.10	77.4	1.00
Admissions from In-County, Still Residing	12.7	19.0	0.67	23.2	0.55	21.3	0.60	19.4	0.66
Admissions/Average Daily Census	225.2	161.6	1.39	122.8	1.83	116.7	1.93	146.5	1.54
Discharges/Average Daily Census	232.2	161.5	1.44	125.2	1.85	117.9	1.97	148.0	1.57
Discharges To Private Residence/Average Daily Census	107.8	70.9	1.52	54.7	1.97	49.0	2.20	66.9	1.61
Residents Receiving Skilled Care	95.5	95.5	1.00	96.9	0.99	93.5	1.02	89.9	1.06
Residents Aged 65 and Older	85.6	93.5	0.92	92.2	0.93	92.7	0.92	87.9	0.97
Title 19 (Medicaid) Funded Residents	63.1	65.3	0.97	67.9	0.93	68.9	0.91	66.1	0.95
Private Pay Funded Residents	17.1	18.2	0.94	18.8	0.91	19.5	0.88	20.6	0.83
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	7.2	28.5	0.25	37.7	0.19	36.0	0.20	33.6	0.21
General Medical Service Residents	46.8	28.9	1.62	25.4	1.84	25.3	1.85	21.1	2.22
Impaired ADL (Mean)	40.0	48.8	0.82	49.7	0.80	48.1	0.83	49.4	0.81
Psychological Problems	50.5	59.8	0.84	62.2	0.81	61.7	0.82	57.7	0.87
Nursing Care Required (Mean)	2.3	6.5	0.35	7.5	0.30	7.2	0.31	7.4	0.30